Wabash City Schools



High Ability Plan

2022 - 2023

RECOMMENDATION FOR EXIT Wabash City Schools High Ability Program

Student's Name												
Current Grade Level (circle one)												
												10
K	1	2	3	4	5	6	7	8	9	10	11	12
Current School												
Pare	nt(s)/(Guardia	an(s) N	lame								
Concerns (should match concerns on SIP form)												
Date	of Init	ial Cor	nferen	Ce.								
	01 11110	101 001	1101011									
Exiting Committee Members (list all participating and their title; should match												
mem	nbers (on SIP	form)									

List any dates of previous parent contact and summarize communication
Date SIP will be Implemented
Date of Follow-Up Conference
Comments about Implementation (educators)
Comments about implementation (cadeators)
Comments about Implementation (parents/student)
Conference Summary
1

Placement Recommendation	
Signatures	
Student	Date
Parents	Date
	2.000
Teachers	Date
Principal	Date